

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/623,600
	Filing Date	July 22, 2003
	First Named Inventor	PICCONE, Francesco
	Art Unit	3637
	Examiner Name	Michael Safavi
	Attorney Docket Number	60311-2

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 35222

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

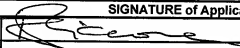
<input checked="" type="checkbox"/> Firm or Individual Name					
Address	Lang Michener LLP 1500 Royal Centre, 1055 West Georgia Street P.O. Box 11117				
City	Vancouver	State	BC	Zip	V6E 4N7
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Francesco Piccone		
Date	17 March 09	Telephone	604 732 594

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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